

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007481

AMENDED

Registration District No.

278

Primary Registration District No.

305K

Registrar's No.

31

STATE FILE NUMBER

FILED FEB 21 1962

1. PLACE OF DEATH

a. COUNTY

Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Louisiana

Length of stay in 1b

5 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

At Home, 421 So Fifth St

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pike

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

Louisiana

d. STREET ADDRESS (If outside, give location)

421 So. Fifth

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Henry

Middle

Grove

Last

Miller

4. DATE
OF
DEATH

Month

Feb

Day

12

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/12/1885

9. AGE (last birthday)

77

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor, Agricultural

10b. KIND OF BUSINESS OR INDUSTRY

Stark Bros. Nursery

11. BIRTHPLACE (City and state or country)

Green County, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Marion F. Miller

13b. MOTHER'S MAIDEN NAME

Mary Belle McDannold

14. NAME OF HUSBAND OR WIFE

Esther Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Esther Miller, Louisiana, MO.

18. CAUSE OF DEATH (Enter only one cause per form)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral vascular thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral arterio-sclerosis

10 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-20-61, to 2-12-62, and last saw her alive on 2-12-62.
Death occurred at 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/15/1962

23c. NAME OF CEMETERY OR CREMATORY

FairView Cemetery

23d. LOCATION (City, town, or county)

Louisiana

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Sterne Funeral Home, Louisiana, MO.

25. DATE RECD. BY LOCAL REG.

Feb 15-62

26. REGISTRAR'S SIGNATURE

Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. B. Sterile

Licensed Embalmer No. 4039

P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.